FD0085-0798

PO Box 295 Trenton, NJ 08625-0295

NEW JERSEY STATE EMPLOYEES DEFERRED COMPENSATION PLAN

CHANGE REQUEST

| PARTICIPANT I | NFORMATION | |
|---|--------------------------------------|-----------------------------------|
| SOCIAL SECURITY NUMBER SUFFIX | —FOR PERSONNE PAYROLL CENTER CH | L USE ONLY— ECK DISTRIBUTION CODE |
| | | |
| PLEASE PRINT Participant's Name — First, M.I., Last | | |
| | | |
| SECTION A — CHANGE, SUSPENSION OR RESU | MPTION OF PAYROLL DE | DUCTIONS |
| I HEREBY ELECT TO: SUSPEND MY DEFERRAL | | |
| FOR ADMINISTRATORS USE ONLY RES | | R PERCENTAGE |
| EFFECTIVE DATE | NGE MY DEFERRAL | ,,, |
| MO DAY YEAR | NGE WIT DEFERRAL | |
| SECTION B — CHANGE IN INVES | TMENT ELECTION | |
| HEREBY DIRECT THAT MY FUTURE DEFERRED COMPENSATION BE INVESTED AS INDICATED BELOW: | | |
| EXAMPLE: 15% ENTERED AS 0 1 5 % | FUND 1 - (BOND): | % |
| | , , | |
| OUR INVESTMENT CHOICES MUST BE MADE IN MULTIPLES OF 1%. | FUND 2 - (EQUITY): | % |
| NVESTMENT CHOICES IN THE VARIOUS FUNDS MUST TOTAL 100%. | FUND 3 - (MONEY MARKET): | % |
| FOR ADMINISTRATORS USE ONLY EFFECTIVE DATE | FUND 4 - (SMALL CAP EQUITY): | % |
| | | 1 0 0 % |
| MO DAY YEAR | | |
| SECTION C — TRANSFER OF INVESTMENT BALANCE(S) | | |
| HEREBY DIRECT THE REINVESTMENT OF MY ACCOUNT BALANCE(S) | | |
| EXAMPLE: 15% ENTERED AS 0 1 5 % | FUND 1 - (BOND): | % |
| OUR INVESTMENT CHOICES MUST BE MADE IN MULTIPLES OF 1%. | FUND 2 - (EQUITY): | % |
| NVESTMENT CHOICES IN THE VARIOUS FUNDS MUST TOTAL 100%. | FUND 3 - (MONEY MARKET): | % |
| FOR ADMINISTRATORS USE ONLY | FUND 4 - (SMALL CAP EQUITY): | % |
| EFFECTIVE DATE | . 6.12 . (6.111.12.67.11.24.67.11.). | 1 0 0 % |
| MO DAY YEAR CHECK THIS BOX IF RETIRED OR SEPARATED FROM EMPLOYMENT | | |
| SECTION D — REQUIRED S | IGNATURES | |
| understand that all changes requested above are subject to the PLAN's provisions and will be effective, in accordance with he PLAN, as soon as administratively feasible. | | |
| PARTICIPANT'S SIGNATURE | DAYTIME TELEPHONE NUMBER | DATE |
| AUTHORIZED PERSONNEL REPRESENTATIVES SIGNATURE | TELEPHONE NUMBER | DATE |
| SECTION E — CHANGE REQUEST CONFIRMATION (Deferred Compensation Use Only) | | |

DATE

BATCH NUMBER

ADMINISTRATOR'S SIGNATURE

INSTRUCTIONS FOR FILING A DEFERRED COMPENSATION CHANGE REQUEST FORM

PARTICIPANT INFORMATION - Enter your Social Security number and name in the appropriate blocks. If you have multiple accounts with the plan, please indicate the appropriate suffix.

SECTION A

CHANGE, SUSPENSION, OR RESUMPTION OF PAYROLL DEDUCTION - Indicate the reason for completing this form.

TO SUSPEND your deferral, check the appropriate box and proceed to Section D.

TO RESUME OR CHANGE your deferral, check the appropriate box. Then enter the percentage (no fractional percentages) you wish to have deducted from your salary each regular pay period (for purposes of calculating a deferral percentage, base salary is reduced by pension and tax-sheltered contributions). The deferral percentage you select must be between 2% and 25%.

SECTIONS B & C

- **(B) CHANGE IN INVESTMENT ELECTION -** Choose one, two, three, or four of the funds listed below in which you want your deferral to be invested. Your percentage total must be in multiples of 1% and must total 100%.
- **(C) TRANSFER OF INVESTMENT BALANCE(S) -** You may elect to transfer all or part of your fund balance from your present fund(s) to any of the remaining fund(s). You may also reinvest the value of your account balance in any of the other Investment Funds if you have terminated employment or retired and have chosen to receive delayed or installment payments. Your percentage total must be in multiples of 1% and must total 100%.
 - FUND 1 BOND FUND Your money is invested primarily in US Treasury Bonds.
 - FUND 2 EQUITY FUND Your money is invested primarily in Common Stock.
 - **FUND 3 MONEY MARKET FUND -** Your money is invested primarily in CD's, NJ Cash Management Fund, Commercial Paper, and US Government Securities.
 - **FUND 4 SMALL CAP EQUITY FUND -** Your money is invested in common or preferred stocks of companies with total market capitalization of less than \$1.3 billion.

SECTION D

REQUIRED SIGNATURES - Your signature and date are required. The authorized personnel or payroll representative's signature and date are required from your place of employment prior to receipt in the Deferred Compensation Section, unless you are retired or separated from service.

SECTION E

CHANGE REQUEST CONFIRMATION - You or your Personnel or Payroll office should not complete this section. Upon receipt, the Deferred Compensation Section will certify the effective date of the enrollment, sign, date, and return all copies to your Personnel Office for distribution.